						Do	cket No.				
	NDMENT 1				0445-0275P						
Application No. 09/472,972-Conf. #9431		Filing I December			Examiner M. M. Kidwe	7II	Art Unit 3761				
Applicant(s): Yoi			20, 1999		IVI. IVI. IXIG.	;11	3/01				
Invention: SANITARY NAPKIN HAVING WING PORTIONS											
MS Amendment Commissioner for Patents P.O. Box 1460 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate						
Total Claims	19	- 20 =	0	x	52.00		0.00				
Independent Claims	3	- 3 =	0	x	220.00		0.00				
Multiple Depend	dent Claims (ch	eck if applicabl	le)								
Other fee (pleas	Other fee (please specify): Extension for response within first month										
TOTAL ADDIT	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:										
x Large Entity					Small Entity						
No additiona	al fee is require	d for this amer	ndment.								
Please charge Deposit Account No. 02-2448 in the amount of \$ 130.00 .  A duplicate copy of this sheet is enclosed.											
A check in t	A check in the amount of \$ is enclosed.										
Payment by	credit card. Fo	orm PTO-2038	is attached.								
The Director is hereby authorized to charge and credit Deposit Account No      as described below. A duplicate copy of this sheet is enclosed.											
Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.											
Dated: October 17, 2008											
John W. Bailey Attorney Reg. I					Dated:	October 1	7, 2008				
BIRCH, STEW 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	se Road /irginia 22040-		_P								

PTO/S8/17 (10-08)
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Under the Paperwork Reduction A	ct of 1995, no person are	required to	respond to a collecti				3 control number						
Effective on 12	Complete if Known												
Fees pursuant to the Consolidated App	Application Nur	nber	09/472,972-Conf. #9431										
FEE TRAN			December 28, 1999										
For FY	First Named Inventor		Yoji KAMEO										
	Examiner Name M. M. Kidwi												
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3761										
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket	No.	0445-0275P								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of													
FEE CALCULATION													
1. BASIC FILING, SEARCH, AND	EXAMINATION FE	E\$											
	FILING FEES	SE	ARCH FEES	EXAMI	NATION FEES								
Application Type Fe	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity	Fee (\$)	Small Entity	Ease I	Paid (\$)						
	30 165	540	) <u>Fee (\$)</u> 270	220	Fee (\$) 110	rees r	aiu (3)						
	20 110	100	50	140	70								
	20 110	330	165	170	70 85								
	30 165	540	270	650	325								
	20 110	340	0	020	323 0								
	20 110	0	U	Ų	U								
2. EXCESS CLAIM FEES Fee Description		Fee (\$)	Small Entity Fee (\$)										
Each claim over 20 (including Re		52	26										
Each independent claim over 3 (i	ncluding Reissues)					220	110						
Multiple dependent claims						390	195						
Total Claims Extra Cla	ims Fee (\$)	F	ee Paid (\$)		Multiple Depende	ent Claims							
19 -20 or HP0	x 52.00 =		0.00 Fee (\$)			ee Paid (\$	2						
HP = highest number of total claims paid Indep. Claims Extra Cla			e Paid (\$)	_			_						
3 -3 or HP = 0													
HP = highest number of independent cla		an 3.	0.00										
3. APPLICATION SIZE FEE													
If the specification and drawing	s exceed 100 sheets	of paper	(excluding electr	onically f	iled sequence or	computer							
listings under 37 CFR 1.52(e	)), the application si	ize fee du	e is \$270 (\$135 i	or small e	mtity) for each ad	iditional 50	)						
sheets or fraction thereof. So													
Total Sheets Extra Sh	eets Number		dditional 50 or frag			Fee I	Paid (\$)						
- 100 =	×												
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., later filing surcharge): 1251 Extension for response within first month 130.00													
SUBMITTED BY /													
Signature Sha	2	-	Registration No. (Attorney/Agent)	32,881	Telephone	(703) 20	5-8000						
Name (Print/Type) John W. Bailey	Date	October 17, 2008											
		_											